



Deductible Credit Form

Amounts applied toward your calendar year deductible on your previous medical plan will be credited to your calendar deductible on your new Paramount plan if:

- You are part of the initial group plan that has transferred to Paramount from another plan with no break in coverage,
- This form is submitted within 90 days of your effective date with Paramount,
- The appropriate documentation is attached, including either a copy of an Explanation of Benefits or a statement from your prior carrier.

If you have any questions, you may call Member Services at (419) 887-2525; Toll Free 1-800-462-3589, TTY (419) 887-2526, TTY Toll Free 1-888-740-5670. Please mail this form with the attachments to:

Paramount
Attention: Member Services
P.O. Box 928
Toledo, Ohio 43697-0928

Employee Name: _____

Paramount ID#: _____

Group Name: _____

	Date of Birth	Deductible Satisfied
Employee: _____	__/__/__	\$ _____
Spouse: _____	__/__/__	\$ _____
Child: _____	__/__/__	\$ _____
Child: _____	__/__/__	\$ _____
Child: _____	__/__/__	\$ _____
Child: _____	__/__/__	\$ _____
Child: _____	__/__/__	\$ _____
Child: _____	__/__/__	\$ _____
Child: _____	__/__/__	\$ _____

The information I've provided is true and accurate to the best of my knowledge.

Employee Signature: _____ Date: _____